

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
5						
6						
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36	1					
37		1				
38		1				
39	1					
40		1				
41		1				
42		1				
43	1					
44		1				
45		1				
46		1				
47		1				
48		1				
49		1				
50						
TOTAL IND.	3					
TOTAL DEP.	11					
TOTAL CLAIMS	14					

	IND		DEP		IND		DEP	
	IND	DEP	IND	DEP	IND	DEP	IND	DEP
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TOTAL IND.								
TOTAL DEP.								
TOTAL CLAIMS								